

State of Arkansas – IT Professional Services RFP No. 020503
REFERENCE INFORMATION QUESTIONNAIRE

Proposer Name: _____

Reference Name (Client): _____

Person Completing This Questionnaire: _____ Title: _____
(please print)

1. Please provide the dates or time period in which the Proposer provided staff augmentation (that is, contractor personnel) for your organization.
2. What was the maximum number of contractors that the Proposer had on site with your company at any one time?
3. Did the Proposer provide staff in sufficient quantities and during the time frames needed to meet your expectations? If the answer is "No," please explain.
4. Rate your level of satisfaction with the contractor personnel provided by the Proposer. Use a scale of 1 to 5, with 1 being "least satisfied" and 5 being "most satisfied." Please explain the factors that contributed to this score.
5. Rate your level of satisfaction with the quality of the resumes submitted by the Proposer to fulfill your staffing requirements. Use a scale of 1 to 5, with 1 being "least satisfied" and 5 being "most satisfied". Please explain the factors that contributed to this score.
6. Given the opportunity, would you use the Proposer's services again?

Signature

Printed Name

Title

Date